

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	IS01407MCG
	First Inventor:	Harold N. Rosenstock
	Title:	METHOD OF REPLICATING DATABASE ELEMENTS IN AN INFINIBAND ARCHITECTURE SUBNET
	Express Mail Label No.:	EV314955730US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="31"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="8"/> 5. Oath or Declaration a. <input checked="" type="checkbox"/> Unexecuted (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies
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ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) ☐ Power of Attorney
Statement (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ IDS ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
15. ☐ Certified Copy of Priority Document
16. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) Prior Appl. No.
Prior Appl. information: Examiner: Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS							
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="text" value="23330"/>		or <input type="checkbox"/>		Correspondence address below	
Name	Kevin D. Wills						
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	3102 North 56 th Street						
City	Phoenix	State	AZ		Zip Code	85018	
Country	U.S.A.	Telephone	602-952-4364		Fax	602-952-4376	
Name	Kevin D. Wills		Registration No.		43,993		
SIGNATURE		<i>Kevin D. Wills</i>		Date	September 30, 2003		

IS01407MCG

FEE TRANSMITTAL Patent fees are subject to annual revision		<i>Complete if Known</i>	
		Application Number	
		Filing Date	
		First Named Inventor	Harold N. Rosenstock
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$) 930.00	Attorney Docket No.	IS01407MCG

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																															
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number 502117 Deposit Account Name Motorola, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																																																																																																																																																																																
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